25.000	0.40 ===================================	040=		لحسين		دی:	Section Control	CHARLE A
CLAIM	S AS FILED (Colum	• •	(Column 2)	SMALI	ENTITY		OTHE SMAL	R THAN
OTAL CLAIMS				RAT	FEE		RATE	à & FEE
OR (COA)	NUMBE		NUMBER EXTRA	BASIC	ree (W)	ő	BASIC FE	603
OTAL CHARGEABLE CLAI	ABLE CLAIMS 76 IT		. 56	X\$ 0	500 COMMEN	o	(4)	9 77
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Total - Minus X\$.9= Independent - Minus X40= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					-		070	
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